

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

2012 JUL 11 PM 1:42

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Bill Sutherland

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Torrance

CA

90501

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

Mayor

City of Torrance

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election**

(Year of Election) **Special/runoff election**

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/9/12
(month, day, year)

Signature _____
(Candidate)